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P.O. Box 1663, LC/IP, MS A187

Los Alamos, NM 87545

(505) 667-3766

Fax: (505) 665-4424

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Date: October 09, 2003**To:** Tech Center 1600
Examiner A. H. Marschel
US Patent and Trademark Office**Phone:****Fax:** (703) 308-4242**OFFICIAL****From:** Ray G. Wilson
LC/IP**Phone:** (505) 665-3112**Fax:** (505) 665-4424**Re:** SN 09/512,962
S-91,732
Thomas C. Terwilliger**Sender:** Sharon Ruminer**cc:** Sue Potter**YOU SHOULD RECEIVE (15) PAGES, INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-9214.****Comments:****Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:**

1. Amendment/Response (9 pages)
2. Fee Transmittal (1 page)
3. Declaration Under 37 CFR 1.132 (4 pages)

Fee Payments Authorized: \$210.00 (2 months extension of time - small entity)**IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY
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FEE TRANSMITTAL For FY 2004

Patent laws are subject to annual revision
(submit an original and a duplicate for fee processing)

| Complete if Known | |
|-----------------------|-----------------------|
| Application Number: | 09/512,962 |
| Filing Date: | February 25, 2000 |
| First Named Inventor: | Thomas C. Terwilliger |
| Examiner Name: | A. H. Marschel |
| Group/Art Unit: | 1631 |
| Attorney Docket No.: | S-91,732 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|---|-----------------|------------------|-------------------------|-----------------|----------|-------|-------|--------------------|--|-------|-------|--------------------|--|-------|------|------------------------|--|---------------------|--|-----------------|--|--------------|---------|---|---|--------------|-------------------------|--------------------|---------|---|---|--|--|--------------------|--|--|---|--|--|------------------|------------------|-----------------|------|-----|------------------------|------|------|-----------------------------------|-------|-------|---------------------------------------|------|------|--|------|-----|--|---------------------|--|------------|----------------------------------|--|--|--|--|------------------------|-------------|--|--|------------------------|-------------|--|--|------------------------|-----------------|--|--|--------------------------------|-----------------|
| <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | 3. ADDITIONAL FEES <table> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>\$770</td> <td>\$385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>\$770</td> <td>\$385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>\$160</td> <td>\$80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td>\$000.00</td> <td></td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES <table> <thead> <tr> <th>Total Claims</th> <th>-20** =</th> <th>X</th> <th>=</th> <th>Extra Claims</th> <th>Fee from Fee Paid Below</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-3 ** =</td> <td>X</td> <td>=</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater. For Reissues, see below</p> <table> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>\$18</td> <td>\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>\$86</td> <td>\$43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>\$290</td> <td>\$145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>\$86</td> <td>\$43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>\$18</td> <td>\$9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td>\$0</td> </tr> </tbody> </table> <table> <thead> <tr> <th colspan="2">Reduced by Basic Filing Fee Paid</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td>SUBTOTAL FROM 1</td> <td>\$0-</td> </tr> <tr> <td colspan="2"></td> <td>SUBTOTAL FROM 2</td> <td>\$0-</td> </tr> <tr> <td colspan="2"></td> <td>SUBTOTAL FROM 3</td> <td>\$210.00</td> </tr> <tr> <td colspan="2"></td> <td>TOTAL AMOUNT OF PAYMENT</td> <td>\$210.00</td> </tr> </tbody> </table> | | Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | \$770 | \$385 | Utility filing fee | | \$770 | \$385 | Reissue filing fee | | \$160 | \$80 | Provisional filing fee | | SUBTOTAL (1) | | \$000.00 | | Total Claims | -20** = | X | = | Extra Claims | Fee from Fee Paid Below | Independent Claims | -3 ** = | X | = | | | Multiple Dependent | | | = | | | Large Entity Fee | Small Entity Fee | Fee Description | \$18 | \$9 | Claims in excess of 20 | \$86 | \$43 | Independent claims in excess of 3 | \$290 | \$145 | Multiple dependent claim, if not paid | \$86 | \$43 | ** Reissue independent claims over original patent | \$18 | \$9 | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) | | \$0 | Reduced by Basic Filing Fee Paid | | | | | SUBTOTAL FROM 1 | \$0- | | | SUBTOTAL FROM 2 | \$0- | | | SUBTOTAL FROM 3 | \$210.00 | | | TOTAL AMOUNT OF PAYMENT | \$210.00 |
| Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$770 | \$385 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$770 | \$385 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$160 | \$80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | \$000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | -20** = | X | = | Extra Claims | Fee from Fee Paid Below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | -3 ** = | X | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$18 | \$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$86 | \$43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$290 | \$145 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$86 | \$43 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$18 | \$9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL FROM 1 | \$0- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL FROM 2 | \$0- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL FROM 3 | \$210.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TOTAL AMOUNT OF PAYMENT | \$210.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|---------------|----------------------|--------------------------|---------------------------|
| Printed Name: | Ray G. Wilson | Reg. No. | 28,351 |
| Signature: | <i>Ray G. Wilson</i> | Date: 10/09/03 | Telephone: (505) 665-3112 |

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